

Foster Family Home - Corrective Action Report

Provider ID: 1-120016

Home Name: Wilhelmina Botelho, CNA

Review ID: 1-120016-7

94-570 Niulii Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/12/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 1/12/20.

6.(d)(1)- see applicable sections of the review

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation on [REDACTED] for CG#1, CG#2, and CG#3 on Client #1; for Client #2 and Client #3 - no RN delegation on Basic Skills for CG#3.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- Clients' bathroom shower doesn't have a non-skid/slip mat/rug/surface.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Medication discrepancies noted on Client #1 and Client #2.

For Client #1- 2 medications were not transcribed in MAR.

For Client #2- discrepancy with 1 medication; dosage in MAR does not match MD order and medication bottle.

54.(c)(6)- No documentation noted by CG#1 on Client #1's [REDACTED] location, treatment, MD and CMA notification in progress note/observation note sheet.

Maribel Nakamine, RN
Compliance Manager

12/12/19
Date

Nielsen
Primary Care Giver

12/12/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Wilhelmina Botelho

CCFFH Address: 94-570 Niulii St., Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.(c)(3)	CG#1, CG#2, & CG#3 were delegated on Wound Care by CMA RN. Delegation form was signed & filed in Client#1's chart/binder. CG#3 was delegated on Basic Skills by CMA RN. Delegation form was signed and filed in Client#2's and client#3's chart/binder.	12/20/19	In the future, CG#1 will contact CMA RN to do delegation within 1-2 days of receiving MD orders.
49.(a)(1)	Purchased Non-skid mat for client's bathroom.	12/14/19	From Now on, non skid mat is placed in clients' bathroom.
54.(c)(5)	Medication discrepancies on client#1, & client#2 that were not transcribed in MAR & client#2 with one medication dosage in MAR that does not match MD order and in the medication bottle were corrected and noted by CMA RN.	12/20/19	CG#1 will make sure all medication orders, bottles & MAR match before giving new medications to client. Home will inform CMA, MD, & pharmacy if it does not match

Primary Caregiver's Signature: Wilhelmina

Print Name: Wilhelmina Botelho

Date of Signature: January 10, 2020

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Wilhelmina Botelho**

CCFFH Address: **94-570 Niulii St., Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(6)	CG#1 has made documentation and specified in the progress note what was done for the treatment. On client#1's [REDACTED] Also CMA RN was notified and made aware of client's [REDACTED]	12/20/19	In the future CG#1 will always assess any [REDACTED] will document size, location and what treatment is done in a timely manner.

Primary Caregiver's Signature: *W. Botelho*

Print Name: **Wilhelmina Botelho**

Date of Signature: *January 10, 2020*